



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES October 13, 2005

APPROVED
11/14/05

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC (cont.)	HIV/EPI AND OAPP STAFF
Al Ballesteros, <i>Co-Chair</i>	James Skinner/ Susan McGinnis	Mario Guerrero	Chi-Wai Au
Nettie DeAugustine, <i>Co-Chair</i>		Lilia Hernandez	Gordon Bunch
Carla Bailey/Kevin Lewis	Jonathan Stockton	Ernesto Hidalgo	Jan King
Anthony Braswell	Kathy Watt	Myrna Hooper	John Mesta
Carrie Broadus	Jocelyn Woodward	Miki Jackson	Soraya Montoya
Robert Butler/Gary Vrooman		Kelly Kent	Mario Pérez
Charles Carter		Victor McKamie	Terina Potl
Mario Chavez	MEMBERS ABSENT	Elizabeth Mendia	Gloria Traylor-Young
Alicia Crews-Rhoden/ Precious Jackson		Michael O'Conner	William Strain
		Vicky Ortega	Diana Vasquez
Whitney Engeran	Adrian Aguilar	Brenda Padilla	Juhua Wu
Hugo Farias	David Giugni	Richard Platt	
Douglas Frye	John Griggs	Vicky Pulatian	
William Fuentes	Richard Hamilton	Kaycee Sara	COMMISSION STAFF/ CONSULTANTS
Elizabeth Gomez	Fariba Younai	D. Smith	
Jeffrey Goodman		James Smith	
Marcy Kaplan		Ron Snyder	Diane Burbie
Brad Land/Dean Page	PUBLIC	Nick Truong	Gary Garcia
Anna Long		Brigitte Tweddell	Marc Hauptert
Davyd McCoy		John Vu	Jane Nachazel
Ruel Nollado	Lynn Bridges	Rocio Yong	Glenda Pinney
Quentin O'Brien	Genevieve Clavreul	Patricia Woody	Doris Reed
Everardo Orozco	Julie Cross		James Stewart
Angelica Palmeros	Darrel Cummings		Nicole Werner
Carlos Peralta	Phil Curtis		Craig Vincent-Jones
Gloria Pérez/Terry Goddard	Richard Eastman		
Wendy Schwartz	William Flores		
Andrew Signey	Susan Forrest		

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I. CALL TO ORDER: Ms. DeAugustine called the meeting to order at 9:15 a.m.

A. Roll Call: Self-introductions were made.

II. APPROVAL OF AGENDA: Mr. Vincent-Jones recommended that due to the extensive agenda, some items be reorganized and voted on early. Mr. Vincent-Jones was asked if the contract reductions by OAPP could be addressed at the meeting. He suggested, in accordance with past standard practice, dealing with it during the OAPP report, because it concerned OAPP.
MOTION #1: Approve the agenda order with changes (*Passed by Consensus*).

III. APPROVAL OF MEETING MINUTES:

A. September 8, 2005: The minutes were approved with one change: Ms. Broadus asked that the minutes reflect on page 5 under B3 that it was not just the Latino organizations that supported name-based HIV reporting. She added that there were several African-American organizations that supported it as well, along with several consumers being heavily involved.

MOTION #2: Approve the minutes from the September 8, 2005 Commission on HIV meetings as amended (*Passed by Consensus*).

IV. PARLIAMENTARY TRAINING: Mr. Stewart announced that he was elected as Director at Large by the National Association of Parliamentarians as Director. He announced the following trainings:

- A. Comprehensive Parliamentary Training:** Following the Commission meeting on January 12, 2006, there will be a parliamentary training for all of the Commissioners. It will be more extensive than the one given as part of the orientation.
- B. Co-Chairs/Leadership Training:** On January 30, 2006, following the Executive Committee meeting, there will be a special training for the Commission and Committee Co-Chairs, by this time the Commission will have elected all of the new Co-Chairs for the Commission and the Committees.

V. PUBLIC COMMENT, NON-AGENDIZED:

- Ms. Barrios-Cernik indicated that she was a member of the National Latino AIDS Awareness Planning Committee and invited everyone to a combination of education, testing and counseling and prevention activities during the week ending the following Friday. She added that there would also be a free concert the following Saturday, and that the HIV Drug and Alcohol Task Force was hosting the "Issues Affecting Our Seniors" Conference on November 2, 2005.
- Dr. Clavreul alleged that the Commission had violated the Brown Act because it had not posted the meeting's agenda 72 hours in advance. She claimed that the last posted agenda was available in January. She added that the Commission had altered its Public Comment form due to her complaints to County Counsel.
- Ms. Jackson, Mr. Curtis and another speaker cautioned against the contract cuts proposed by OAPP; they expressed concerns about cutting services for clients rather than cutting administrative costs. They asked the Commission to consider actions to correct to proposed cutbacks.

VI. COMMISSION COMMENT, NON-AGENDIZED:

- Ms. Broadus asked Mr. Vincent-Jones if the agenda had been posted 72 hours in advance. He confirmed that it had, and suggested that he believed that Dr. Clavreul was referring to the website, where the office was still encountering posting problems. He added that he believed those problems would be resolved in the next month. Ms. Broadus indicated that posting the agenda at the Commission office was sufficient to meet Brown Act requirements.

VII. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no items for public/Commission follow-up.

VIII. CO-CHAIRS' REPORT:

A. Medicare Part D:

- Ms. Cross, Benefits Consultant with the California State Office of AIDS, began her presentation by explaining that the office is trying to prepare the entire State prepared for the Medicare Modernization Act, specifically looking at what its implementation means for people living with HIV. She noted that the law was passed in 2003 and the Feds had given themselves only two years to address and plan the most significant change in public health care in 40 years. The office is developing a response to this up until December 31, 2005, given that it becomes effective January 1, 2006.
- She noted that about a year ago, CMS released the proposed regulations for the Medicare Modernization Act. The State Office of AIDS drafted a very lengthy response making many suggestions to enhance the benefits for people with HIV. Generally, the population that responded the most during the public community period was the HIV community. Unfortunately, CMS chose not to adopt most of the recommendations for change.

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- For implementation, there is an open enrollment period from November 15, 2005 to May 15, 2006 in order to capture the greatest number of people: in the future, it will only be from November to January. She indicated that people could register online at www.rdlent.com.
- Mr. O'Brien asked the Commission to review the opportunities to advocate for the CARE HIPP program to pick up the cost of premiums, as that is its purpose. Keeping people on the Medicare Part D through premium reimbursement would save ADAP funds. Ms. DeAugustine referred this matter to Public Policy and/or Executive Committees; Mr. Vincent-Jones added that Public Policy would be addressing it at its following meeting. Mr. O'Brien also highlighted the impact of share of costs. Mr. Land noted that share of costs is calculated very restrictively.
- Several Commissioners expressed concerns about the impact of a new bureaucracy on people with HIV/AIDS, given the amount of paperwork and how many clients won't be able to keep up with or informed about the changes. Ms. Watt asked for support getting the word out to consumers. Ms. DeAugustine said that Public Policy and Executive Committees would look into it and develop a plan, and committed to expand the information and education in all areas. Mr. O'Brien noted that pharmacies could be key providing consumer education. Ms. Cross informed everyone that the Office of AIDS would be working with Ramsel to post brochures posted on the website and to encourage pharmacies to use them as drop-ins in medication bags.
- Ms. Broadus proposed a motion, seconded by Mr. Land, detailing actions to be taken to address the implementation of Medicare Part D:
 - 1) Seamless enrollment and re-enrollment of clients in the appropriate systems of care;
 - 2) Improve access to the various drug formularies and appropriate medications;
 - 3) Conduct outreach and education to consumers within their own communities;
 - 4) Assess and resolve the cost of premium payments for consumers;
 - 5) Assess and resolve share-of-cost burdens for consumers;
 - 6) Increase enrollment into the appropriate systems of care for those who are not eligible for Medi-Cal;
 - 7) Identify and follow-up with appropriate partnerships with other health care systems and resources; and
 - 8) Fast-track the Commission's proposed 501(c)3 affiliate in order to facilitate its ability to secure resources for this purpose.

MOTION #8 (Broadus/Land): Approve the plan to address the implementation of Medicare Part D, as detailed (*Passed by Consensus*).

B. HOPWA – “Connections”:

- Mr. Kent, HOPWA Coordinator, presented an update on the Connections research project. He introduced Ms. Hooper as the Housing Authority of the City of Los Angeles (HACLA) authority on the project. He then went on to update the details of the actual implementation of the program.
- Mr. Kent began his presentation by explaining that the study came out of a Special Projects of National Significance (SPNS) Collaborative Grant between HUD and the CDC. It was a three-year grant awarded in 2004 to three sites, Los Angeles, Chicago and Baltimore. HACLA was chosen to subcontract for the voucher distribution. The goal of “Connections” is to observe how housing impacts the health outcomes of people living with HIV.
- In response to Ms. Padilla's comments, Mr. Kent responded that he had recommended that the next round of RFPs address the intensive service concerns of the Connections target population, because he does not believe that the current system effectively addresses those needs.
- Mr. Goodman raised concerns about the availability of services delivered through the project, and questioned its value. Mr. Vincent-Jones noted that the project was primarily a research endeavor, and not a service delivery effort, and thus services that were made available were in the context of evaluation service effectiveness. He then went on to say that Connections is the type of project the Commission should engaging in as it begins assessing service effectiveness, according to federal legislative directive.
- Mr. Vincent-Jones thanked Mr. Kent for his service as he announced that Mr. Kent would be leaving HOPWA.

X. EXECUTIVE DIRECTOR'S REPORT:

- A. **Annual Meeting:** Mr. Vincent-Jones reported that the Annual Meeting is scheduled for Monday and Tuesday, November 14 and 15, 2005. He indicated that the accompanying memo is in the package described the Annual Meeting.
- B. **Evaluation Training, AED:** He also noted the training on Monday, October 17, 2005 from 8:30 am to 4:30 pm on the 8th floor in the building of the Commission offices.
- C. **Miscellaneous:** He also reported that the Board of Supervisors would be conducting New Commissioner Orientation on October 20, 2005 from 10:00 am to noon on the first floor at the Hall of Administration.

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XI. PREVENTION PLANNING COMMITTEE REPORT:

- Ms. Watt reported that the PPC held their business/committee the past Thursday. She reported that a presentation was given by CHPTS, "The Promises and Hazards of Online Meet Market", a report about MSM who use internet chat rooms. She said that one of the most concerning aspects of the study was the large amount of crystal meth and unprotected anal intercourse identified throughout the study. She said that the Internet is another venue for prevention.
- She said that a focus of the discussion were the plans to host Behavioral Risk Group (BRG) meetings in each SPA throughout the County. They will also discuss merging populations, currently not identified in specific BRGs, such as youth and high-risk heterosexuals.
- There was a conversation about the combined Commission/PPC meeting, and said that the PPC would like to collaborate with the Commission to finish the remainder of the strategic planning questions. She suggested a focus group made up of members of the PPC and the Commission to meet achieve those goals.
- She suggested that Alcohol and Drug Program Administration (ADPA) and HIV Epi be invited to share their data and information about population drug usage patterns and geographic variations.

XII. TASK FORCE REPORTS: Ms. Watt reported that HIV Drug and Alcohol Task Force is holding an upcoming training featuring a presentation from Social Security about completing the right forms and information.

XIII. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- A. Year 16 Title I Application:** Mr. Pérez referred to the Title I Application in the packet and encouraged everyone to review it. He explained that it addresses the HIV/AIDS needs, priorities and responses in LA County; he noted that it addressed Medicare Part D too.
- B. Proposed OAPP Contract Reductions:**
- Mr. Pérez began explaining the proposed service contract reductions by OAPP by first confirming that the Commission sets minimum funding recommendations in the service categories. OAPP, he continued, then often contracts at amounts higher than the minimum funding levels in order to maximize grant funds. The proposed contract reductions resulted from OAPP's inability to contract at those higher levels any longer, but reiterated that the proposed reductions do not impact the Commission's priorities.
 - He said that OAPP was committed to a level of transparency, and, as a result, articulated five reasons for increasing expenditures that make OAPP unable to continue the current contracting levels. Once it was determined that OAPP could not continue contracting at those levels, they reviewed the Commission's allocations and determined the service categories where contracting far exceeded the minimum allocation levels where there was significant over-contracting. He noted that in many service categories, any adjustments would have resulted in the allocations falling below Commission-proscribed levels. Consequently, in spite of OAPP's proposed cutbacks, all Commission allocation levels are still maintained.
 - They then determined the size of the reductions in accordance with the Commission's prioritization of service categories. Service categories reduced by 3% were in the first tier of priorities; by 6%, in the second tier; and by 9%, in the third tier. There were no service categories lower prioritized that were reduced. Again, those decisions were made to ensure that none of the service allocation levels fell below the Commission's requirements.
 - There were five areas identified for reductions: medical outpatient, case management, housing, transportation and home-based care. The current Year 15 investment in medical outpatient services is expected to be \$19.8 million; it will be reduced to about \$19.24 million. Case management should be reduced to about \$5.4 million after the reductions. He noted that some administrative costs were down as well: OAPP, for example, still has a 30% vacancy rate.
 - The contract reductions were precipitated, according to Mr. Pérez, by unanticipated costs or new expectations from funding sources. He clarified that OAPP had not implied that the Commission was overspending its allocation, but only that the Commission is spending a greater proportion of its allocation. In order to maximize the Title I grant in the past, OAPP has relied on savings from the planning council budget, which has then been reallocated for service expenditures. Since the Commission's separation, he noted, planning council "underspending" has been declining as it more fully maximized its own budget. He noted that trend began in Year 13 and is expected to continue.
 - The second reason for unanticipated costs, he went on, was the residential hospice contract. He noted that the Commission allocated slightly over \$300,000 for the service category, but the Board had recently approved a contract, based on the DHS recommendations, that exceeded that amount by \$850,000. The agreement extends through February 2006. The RFP responses for this service are still under review.

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- The third expense was a Board-approved financial review/audit of all DHS-contracted agencies, to be performed by the Auditor-Controller's Office. The effort is beginning with OAPP, and the portion of the cost for OAPP's contract is charged to OAPP.
- The fourth expense, he noted, were increased data management costs.
- The fifth unanticipated expense they noted was OAPP outgrowing its space. He reported that they had worked closely with the Chief Administrative Office (CAO), which is responsible for determining and being the final say so on space needs of County programs. He reported that they recommended three floors of the current building for OAPP staff, based on the staffing structure. He reported that they will occupy 3.7 floors of the current building.
- Mr. Pérez summarized that OAPP had sent a letter to the health deputies walking them through the proposed contract reductions. There was a second letter sent to providers that did two things: 1) walked them through the same rationale, and 2) detail the negotiation processes for them. OAPP has contracts in place for numerous service categories through November of current year. OAPP has moved forward with those contract renewals; for example, medical outpatient and treatment advocacy. There are other services that are being negotiated and those renewals are underway. He pointed out that there is a little more time to get a package to the Board for services that will begin on March 1, 2006.
- He further indicated that all of these decisions were based on an assumption of level Year 16 Title I funding at \$36 million. He said that if the award exceeds that amount, they would revisit the reductions and, hopefully, reinstate the funding accordingly. He added that the Title I application requested \$48.8 million, about 33% higher than the current award.
- Ms. DeAugustine (*noting that she is from an agency impacted by the cuts*) called it short-sighted for OAPP to continue counting on planning council underspending after its separation from DHS, and found it disconcerting that this Commission had stayed within its budget, while it was at least hinted that the Commission contributed to this problem. She told Mr. Pérez that she thought it was poor financial planning.
- Mr. O'Brien (*from an agency impacted by the cuts*) asserted that when services for clients were at stake versus bureaucracy, the bureaucracy should find a way to trim its expenditures. He suggested an emergency motion to the Board of Supervisors instructing the DHS Director to provide an alternative proposal that does not cut services. Several additional Commissioners, identifying if they were from agencies affected by the cuts before they spoke, concurred with the suggestion. They further recommended the Board review the expenses for additional OAPP office space, the additional audit and data management transparency costs, and the hospice allocation. Ms. Kaplan (*from an agency impacted by the cuts*) formed a motion from Mr. O'Brien's suggestion, seconded by Mr. O'Brien.
- Mr. Engeran (*from an agency impacted by the cuts*) reiterated a prior request for full expenditure information from OAPP in order to help make proper priority- and allocation-setting decisions, and, in cases like this, to fairly evaluate OAPP proposals. Mr. Engeran made a motion, seconded by Ms. Broadus (*from an agency impacted by the cuts*), asking the Board to instruct DHS to make this information available to the Commission on a consistent basis.
- A number of Commissioners voiced concerns noting the timing of the communication immediately before a proposed motion at the Board of Supervisors calling for preservation of the planning councils in CARE Act Reauthorization. Several members questioned the timing of the communication, noting how it gave little time to allow the community to respond appropriately before contracts were due. Mr. Pérez responded that the memorandum was not timed to coincide with any other activities, and only represented OAPP's need to address these issues prior to the contract renewal process. He added that it was raised at this juncture because OAPP has to finalize its contracts in order for them to be considered by the Board in February 2006—indicating that OAPP needs 12-14 weeks after negotiations to wrap up the contracting process.
- The October 21 deadline was established to secure contracts from providers in time in accordance with the budget constraints of the Year 16 funding. In years past, there have been a couple of scenarios that would apply with this situation: moving forward with a budget as outlined in this communication, or waiting and making adjustments later. He suggested that Commissioners consider the timeline when evaluating the motions.
- Mr. Pérez clarified that the reductions would occur consistent with the Geographic Estimate of Need (GEN) across the eight Service Planning Areas (SPAs). He noted that the DHS Central Contract Monitoring Division is expect to conduct a comprehensive fiscal review of every provider every three years, in addition to OAPP's annual fiscal monitoring. The Auditor-Controller's auditing work would be in addition to these activities. He went on to say that these contract reductions would not impact the three SPNS projects with HRSA.
- Mr. Pérez said that they have tried to find all possible solutions to avert the reductions. He clarified that of the \$3.6 dollars in new costs OAPP has been able to absorb, they have been able to find a solution for about \$2 million of those new costs, and the gap was \$1.6 million. They manage as an office to identify a way to cover about 54% of those resources but weren't able to make up all of it. He committed to take another thorough look and see if OAPP could

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absorb some additional non-client service-related costs rather than impacted services. He also said, given the feedback from this meeting, that he would look at some of the other services in OAPP's portfolio currently in place. He then concluded by thanking the Commission for its constructive and respectful comments.

MOTION #9 (Kaplan/O'Brien): Recommend to the Board of Supervisors and DHS to reject the proposed service reductions and instruct DHS and OAPP to develop an alternative solution within 60 days (for presentation at the next Commission meeting), based on a thorough analysis of all administrative items (**Passed on Roll Call: 28 ayes; 0 opposed; 0 abstentions**).

MOTION #10 (Broadus/Land): Extend the meeting 30 minutes (**Passed by Consensus**).

MOTION #11 (Engeran/Broadus): Recommend to the Board of Supervisors and DHS that they instruct OAPP to provide the current fiscal year operational budget for OAPP ending June 30, 2006, and all associated documents, projections, processes and methodology used in creating next year's fiscal year budget beginning July 1, 2007, including for all Titles, Net County Costs and cooperative agreements to the Commission on HIV within 30 days (**Passed on Roll Call: 26 ayes; 0 opposed; 0 abstentions**).

C. Miscellaneous:

- Mr. Pérez reported that OAPP staff is working to provide the Medicare Part D information in response to the Commission's inquiry, which includes detailing five the number of people living with HIV and AIDS at four income levels.
- Ms. Broadus asked how the Implementation Plan in the Title I application is created, and what the process is for engaging providers or the experts in the discussions. Mr. Pérez said that there are two principle sources of information they rely on: 1) the scopes of work, so providers clearly have a role in determining both the number of clients and the units of service that are provided; and 2) monthly reports and utilization data from Casewatch for patterns of service delivery. He added, though, that they are aware that while they may enter into an agreement for a particular scope of work and actual service delivery may be different at the end of the year. He volunteered to give the Commission a more complete report in November. Mr. Vincent-Jones agreed that strategic planning was intended to lead to these decisions, so a report on this topic would be appropriate for the Annual Meeting.
- Mr. Vincent-Jones reminded OAPP that they had committed to a Title I application presentation in December, a quality management presentation in January, and potentially another SPNS presentation in January or February.

XIV. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

XV. STATE OFFICE OF AIDS REPORT: There was no report.

XVI. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee: Mr. Braswell referred to the motions in the packet and instructed anyone with comments to submit them within the 21-day public comment period.

1. **Substance Abuse, Treatment:** Mr. Braswell reported that there had been no public comment feedback, and therefore he asked for adoption of the standard.

MOTION #3: Adopt the Substance Abuse, Treatment standards of care, as presented (**Passed by Consensus**).

2. **Substance Abuse, Residential:** Mr. Braswell reported that there was one public comment which the Committee considered, but they chose not to act on the request. He forwarded adoption of the standard.

MOTION #4: Adopt the Substance Abuse Residential standards of care, as presented (**Passed by Consensus**).

3. **Food Distribution:** Mr. Braswell noted that there had been a number of public comments to the draft standard, and the Committee had not finished considering them, so they would forward a standard for adoption at the December meeting.
4. **Legal Services:** Due to a shortage of time, Mr. Braswell abbreviated his presentation and noted that the draft standard would be on the website for any comments until November 4, 2005.
5. **Permanency Planning:** Due to a shortage of time, Mr. Braswell abbreviated his presentation and noted that the draft standard would be on the website for any comments until November 4, 2005.
5. **Health Systems Task Force:** Mr. Braswell reported that they are trying to put together a large counseling and testing outreach effort on World AIDS Day, in partnership with OAPP.

B. Recruitment, Diversity and Bylaws (RD&B) Committee: Mr. Butler announced that Ms. Gomez has been elected RD&B Co-Chair.

1. **Priority- and Allocation-Setting Policy:** Mr. Butler explained that the policy explains the roles and responsibilities from the various committees and stakeholders in the Commission's annual priority- and allocation-setting process, and asked

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for the Commission's approval. Ms. Broadus asked that the Commissioners be given an opportunity to review the policy before voting on it, and suggested a 30-day public comment period. The Commission agreed, and the policy is set to return for review at the December meeting.

MOTION #5: Approve the Priority- and Allocation-Setting Framework policy and procedure, as presented (*Postponed until December*)

2. **Mentoring Policy:** Mr. Butler explained that this policy had been requested multiple times by the Commission, and this provides the framework for mentoring new Commissioners. In accordance with the Priority- and Allocation-Setting policy, he offered to submit it for public comment and approval in December. Ms. DeAugustine asked the Commissioners and others to review the policies and send any comments back to the RD&B Committee or staff.

MOTION #6: Approve the Mentoring policy and procedure, as presented (*Postponed until December*).

3. **Member Nominations:** Mr. Butler asked that the applications for Peg Taylor, nominee for State Office of AIDS seat, and Ron Snyder, nominee for the SPA 2 Consumer Alternate seat, be approved. Mr. Snyder introduced himself and shared his background with the Commission.

MOTION #7: Nominate Peg Taylor to the State Office of AIDS and Ron Snyder to the SPA 2 Consumer Alternate seat for appointment by the Board of Supervisors (*Passed by Consensus*)

C. Public Policy Committee:

1. **CARE Act Reauthorization:**

- Mr. Engeran reported that a Board motion advocating that the Ryan White CARE Act planning councils remain intact in Reauthorization, not leaving room to make them voluntary. This would require a Board motion because it's not currently covered by the County's current Reauthorization policy. He encouraged everyone to attend the Board of Supervisors' meeting the following Tuesday at 9:30 am.
- Ms. DeAugustine asked everyone to be sure to separate the contract reduction issue from this issue, because this motion is about the work done by a community planning council that consists of one-third consumers. She explained that there is a lot of effort nationwide to eliminate planning councils. She urged everyone to support the motion.

D. Priorities and Planning (P&P) Committee:

1. **Priority and Allocation Setting:** Mr. Land reported that they are about to kick off their Year 16 Priority- and Allocation-Setting Process. The next meeting will be a joint meeting with members of the Finance and Standards of Care Committees on Tuesday, November 22, 2005, 2:00 – 5:00 pm (*since changed to Tuesday, November 29, 2005, same time*).

E. Finance Committee: Ms. Bailey referred to the final expenditure report for Year 14 in the packet. The entire \$36,644,121 Title I and the \$3,283,078 Title II awards were maximized and fully spent out. A total allocation spent between Title I and Title II was \$39,927,199. For Year 15, which takes them through July 2005, year-to-date \$11,606,260 has been spent out of the \$36,834,089 in Title I funding. Title II year-to-date spending is \$990,304 out of the \$3,393,965.

F. Ad Hoc Strategic Planning Committee:

1. **Strategic Planning Dialogue:** Mr. Vincent-Jones reminded the Commission that they would be finishing Commission stakeholder input at the Annual Meeting.

XVII. ANNOUNCEMENTS:

- Mr. McCoy announced the Healthier Families health fair in North San Fernando Valley, as well as "Women Waking Up Themselves" during which HIV/AIDS domestic violence, substance abuse and children's issues would be discussed on October 22, 2005.
- Ms. Broadus announced that the Second District HIV/AIDS Community Coalition will be celebrating its ninth anniversary on October 1, 2005 at Palms Residential 807 West 70th Street.
- Mr. Richard Eastman announced that he will be attending the Campaign to End AIDS in DC on November 4 - 9, 2005.
- Mr. Land asked the Commission to adjourn the meeting in honor of Mohammed Muscat—passed away the prior Saturday.

XVIII. ADJOURNMENT: The meeting was adjourned at 1:55 pm.

- A. Roll Call:** End-of-the meeting roll call was not taken.

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the September 8, 2005 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Adopt the Substance Abuse, Treatment standards of care, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Adopt the Substance Abuse, Residential standards of care, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Adopt the Priority- and Allocation-Setting Framework policy and procedure, as presented.	<i>Postponed</i>	MOTION POSTPONED UNTIL DECEMBER
MOTION #6: Approve the Mentoring policy and procedure, as presented.	<i>Postponed</i>	MOTION POSTPONED UNTIL DECEMBER
MOTION #7: Nominate Peg Taylor to the State Office of AIDS seat and Ron Snyder to the SPA 2 Consumer Alternate seat for appointment by the Board of Supervisors.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8 (Broadus/Land): Refer to the appropriate committees and/or convene a special meeting of the Executive Committee to develop a collaborative plan to address Medicare Part D implementation and related issues in the following ways: <ul style="list-style-type: none">▪ Seamless enrollment and re-enrollment of clients in the appropriate systems of care;▪ Improve access to the various drug formularies and appropriate medications;▪ Conduct outreach and education to consumers within their own communities;▪ Assess and resolve the cost of premium payments for consumers;▪ Assess and resolve share-of-cost burdens for consumers;▪ Increase enrollment into the appropriate systems of care for those who are not eligible for Medi-Cal;▪ Identify and follow-up with appropriate partnerships with other health care systems and resources; and▪ Fast-track the Commission's proposed 501(c)3 affiliate in order to facilitate its ability to secure resources for this purpose.	<i>Passed by Consensus</i>	MOTION PASSED

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MOTION AND VOTING SUMMARY		
MOTION #9 (Kaplan/O'Brien): Recommend to the Board of Supervisors and DHS to reject the proposed service reductions and instruct DHS and OAPP to develop an alternative solution within 60 days (for presentation at the next Commission meeting), based on a thorough analysis of all administrative items.	Aye: Bailey, Ballesteros*, Braswell, Broadus*, Butler, Carter, Chavez*, Crews-Rhoden, DeAugustine*, Engeran*, Farias*, Fuentes, Gomez*, Goodman, Kaplan*, Land, McCoy, Nollado*, O'Brien*, Orozco, Palmeros*, Peralta*, Pérez, Schwartz, Signey*, Skinner, Stockton, Woodard No: none Abstention: none <i>*From impacted agencies</i>	MOTION PASSED Ayes: 28 Opposed: 0 Abstentions: 0
MOTION #10 (Broadus/Land): Extend the meeting 30 minutes.	Passed by Consensus	MOTION PASSED
MOTION #11 (Engeran/Broadus): Recommend to the Board of Supervisors and DHS that they instruct OAPP to provide the current fiscal year operational budget for OAPP ending June 30, 2006, and all associated documents, projections, processes and methodology used in creating next year's fiscal year budget beginning July 1, 2007, including for all Titles, Net County Costs and cooperative agreements to the Commission on HIV within 30 days.	Aye: Bailey, Ballesteros*, Braswell, Broadus*, Butler, Carter, Chavez*, Crews-Rhoden, DeAugustine*, Engeran*, Farias*, Fuentes, Gomez*, Goodman, Kaplan*, Land, McCoy, Nollado*, O'Brien*, Orozco, Palmeros*, Peralta*, Pérez, Skinner, Stockton, Woodard No: none Abstention: none <i>*From impacted agencies</i>	MOTION PASSED Ayes: 26 Opposed: 0 Abstentions: 0